



FY 2010 MATCHING GRANT APPLICATION CHECKLIST

ORGANIZATION _____

PROJECT _____

ESTIMATED TOTAL COST \$ _____ MATCHING GRANT REQUEST \$ _____

Please review current guidelines and requirements for the matching grants program.

Matching Grant Application Packets must include all of the following forms or information, fully completed and submitted in order listed below;

- _____ 1) Application Checklist
- _____ 2) Application Form
- _____ 3) Facility/Park Improvement Request Form
- _____ 4) Project Description, Timeline, Budget Form (include applicable site plans or drawings)
- _____ 5) Written bids from contractors
- _____ 6) Agreement and Statement of Compliance/Signature
- _____ 7) Vendor Master Information Sheet (First time applicants only)

Also, please attach any other information pertinent to your application such as photographs, product information, explanations of special conditions, etc.

No project may start prior to submission of facility/park improvement request form and official approval by Cobb County Parks, Recreation and Cultural Affairs Department.

CCPRCAD USE ONLY:

Packet received, reviewed, and accepted by staff	____/____/____
Grant APPROVED/DENIED	____/____/____
Letter sent to organization	____/____/____

FY2010
COBB COUNTY RECREATION GRANTS PROGRAM

GRANT GUIDELINES

INTRODUCTION	Cobb County provided these guidelines to introduce you to the Recreation Grants Program available to established volunteer organizations affiliated with the Parks, Recreation and Cultural Affairs Department for a minimum of one year prior to this grant submittal period.
PURPOSE:	The purpose of the matching grant program is to assist volunteer organizations in: increasing the number of individual registrants that can be served, impacting the quality of the program for the registrants or addressing a programmatic safety concern.
PROCEDURES	<p>The guidelines and application forms that follow are used for application for the Recreation Grants Program.</p> <p>The Cobb County Grant Evaluation Committee is responsible for reviewing grant requests from eligible affiliated organizations, and presenting allocation recommendations to the Recreation Board for recommendation to the Cobb County Board of Commissioners for its approval and award of funds.</p>
GRANT APPLICATION PERIOD	The period for application submittal is October 1, 2009 - August 6, 2010 subject to availability of funds.
CRITERIA	<p>All the following criteria must be satisfied before an organization may be considered for the Recreation Grants Program funding:</p> <ol style="list-style-type: none">1) The organization shall be non-profit and have tax-exempt status.2) The organization shall have been an active established organization affiliated with the Parks, Recreation and Cultural Affairs Department for a minimum of one year prior to this grant submittal period.3) The primary purpose of the organization must be to provide recreation or cultural programming/services at facilities <u>owned by</u> Cobb County.4) The organization, if funded under this program, shall agree not to seek additional funds from county programs or departments during this funding period and understand this is not a commitment of Cobb County to continue funding beyond this grant year.5) Matching funds are limited to the FY (Oct.1- Sept. 30) in which they were awarded. Award recipients must submit requests for reimbursement within the FY in which the grant was awarded.6) Matching grant applications for projects pre-approved as facility improvements must be submitted by the first application deadline following the submittal of the facility improvement request <u>understanding the assumed risk of available funds and grant approval.</u>7) All projects over \$5,000.00 will require three bids to be eligible for consideration. If applicable, one bid must come from a Cobb County Department approved contractor. CCPRCAD reserves the right to obtain additional bids if necessary.

EXCEPTION: If the organization will only be using department-approved contractors, their estimate alone will be acceptable.

- 8) Funding shall be used for the purposes stated and intended under these guidelines. This is a governmental grant program and is not intended as a source of support for organizations with goals and missions outside the implied or intended purposes of this application. It is not to be construed as “seed” money, but a one-time grant.
- 9) The organization must have submitted all the necessary documents listed in their park use agreement and be a member in good standing with the department.

**HOW FUNDS MAY
BE USED**

Recreation Program grants may be used for capital expenses and may not be used for endowment funds.

HOW WE EVALUATE

This application form and attachments are designed to help Cobb County evaluate how well applicants meet the following criteria.

Program Merit

Applicant shall:

- Fill a recreation or cultural service or facility need within the county;
- Show evidence of County acceptance and support;
- Maintain a standard of excellence;
- Show evidence of cooperation with other groups;

Organizational Strength

Applicant shall have an effective board of directors that is:

- Independent of staff;
- Structured to require an annual rotation of the board members;
- Scheduled to meet on a regular basis, annually and in meetings fully open to the public.
- Of a size and makeup as to represent the area (geographic or program area) of the county served;
- Is not compensated for board service

Applicant shall have a stable staff of paid or volunteer professionals, and a statement of personnel practices.

Fiscal Strength

Applicant shall:

- Demonstrate the fiscal capacity to complete the funded project, without further assistance from the County.
- Effectively use sound business practices, including an annual financial review;
- Submit financial information as requested and

- Have appropriate levels of income from a variety of sources.
- Provide proof of being a registered 501 C3 status organization. Documentable 501 C3 filing status is acceptable.

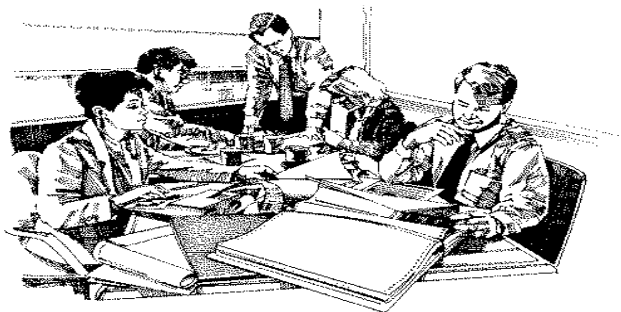
MATCHING FUNDS Recreation grants shall be matched at least one-to-one (50%-50%) in cash. Matching funds shall be spent in the same year as grant funds. Other requests for assistance may be forwarded to the department for consideration.

AWARD MAXIMUM Individual grant awards will be limited to a maximum of **20%** of the total FY allocation per organization. An organization may apply for and receive more than one grant per year; however, the cumulative total of all awards cannot exceed **20%** of the total allocation for that year.

IN-KIND CONTRIBUTIONS In-kind contributions received by the applying organization will be considered against the total dollar value of the award. Specifically, the in-kind dollar equivalent will be subtracted from the total cost of the projects. The award will be based solely on 50% of the actual amount of cash expenditures made by the organization.

OTHER REQUIREMENTS Applicant may be required to submit:

- An informal written report outlining the progress of the program submitted midway through the project period.
- A final written evaluation
- Copies of two most recent bank statements affirming the organization has available funds.



REVIEW PROCESS

Step 1 Staff receives the applications and review for compliance with established criteria. Prior to forwarding to the Evaluation Committee, staff will identify any deficiencies in the application and if necessary contact the applicant to gather any additional information and address all concerns.

Step 2 Staff will forward the applications to the Evaluation Committee for review. The Committee is comprised of:

- Manager of the Athletics Unit, Chairman
- (3) Parks Operations Staff Members
- (2) Recreation Services Staff Members
- (4) Volunteer Organization Representatives *

*Those representatives shall be appointed randomly on a rotating basis and may not come from a group who has a grant application pending.

Step 3 The Evaluation Committee shall review all applications for completeness, establish if the project is eligible for grant funds, determine a grant amount, and forward their recommendation to the director.

Step 4 The Director shall review the recommendation(s) and upon concurrence, include in an appropriate Recreation Board agenda.

Step 5 The Recreation Board shall review the committee's recommendation(s) and make a final recommendation of grant awards to the Board of Commissioners

Step 6 The Board of Commissioners shall review the Recreation Board's recommendation(s) and make the final grant award.

Step 7 The organization is notified of the grant outcome.

TIMELINE

- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none"> Grant Applications received | October 1, 2009 - August 6, 2010 | | |
| <ul style="list-style-type: none"> Staff reviews for compliance | Upon receipt of application | | |
| <ul style="list-style-type: none"> Forward to the Evaluation Committee | Upon completion of staff review | | |
| <ul style="list-style-type: none"> Evaluation Committee meets to prioritize/review | <table border="0"> <tr> <td style="vertical-align: top;"> Bi-monthly:
 October 12, 2009
 January 13, 2010
 March 15, 2010
 May 17, 2010
 August 16, 2010 </td> <td style="vertical-align: top;"> <u>Deadline for Applications</u>
 October 2, 2009
 January 8, 2010
 March 5, 2010
 May 7, 2010
 August 6, 2010 </td> </tr> </table> | Bi-monthly:
October 12, 2009
January 13, 2010
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May 17, 2010
August 16, 2010 | <u>Deadline for Applications</u>
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March 5, 2010
May 7, 2010
August 6, 2010 |
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October 12, 2009
January 13, 2010
March 15, 2010
May 17, 2010
August 16, 2010 | <u>Deadline for Applications</u>
October 2, 2009
January 8, 2010
March 5, 2010
May 7, 2010
August 6, 2010 | | |
| <ul style="list-style-type: none"> Recommendation(s) to Director | Bi-monthly:
October 14, 2009
January 15, 2010
March 17, 2010
May 19, 2010
August 18, 2010 | | |
| <ul style="list-style-type: none"> Forwarded to Recreation Board | By appropriate deadline | | |
| <ul style="list-style-type: none"> Recreation Board forwards Recommendation(s) to the Board of Commissioners | By appropriate deadline | | |

Periodic Deadlines

Applications must be received by the deadline for submitting applications to be eligible for review at the next bi-monthly meeting of the Evaluation Committee.

HOW TO RECEIVE FUNDS IF YOUR GRANT IS APPROVED

The Cobb County Matching Grant Program is designed to **reimburse** organizations the amount approved by the Cobb County Board of Commissioners.

Organizations are required to submit the following documents after completion of the project.

1. Original invoices from contractors, vendors, etc. **Copies will not be accepted.**
2. A copy of the cancelled check(s) – front and back.

Once submitted, please allow 15 business days to process the funds.

**COBB COUNTY PARKS, RECREATION AND CULTURAL AFFAIRS
FY2010 RECREATION GRANTS PROGRAM
APPLICATION FORM**

Two (2) copies of the completed application should be submitted to department staff that **directly** works with your organization. **Do not** staple or bind copies in any way.

Organization Name_____

Mailing Address_____

CONTACT:
PRESIDENT:

Name_____

Address_____

Telephone #_____

E-Mail _____

PROJECT MANAGER:

Name_____

Address_____

Telephone #_____

E-Mail _____

PARK _____ **FACILITY**_____

PROPOSED PROJECT_____

Proposed Project Cost \$_____ Amount requested from County \$_____
(Not to exceed 50% of total project cost or **\$25,000**)

Your organization's current operating budget \$_____

What is your incorporation date (month and year)?_____

Contract Compliance (To be completed by department staff)

Has your organization submitted all necessary documents and is in current compliance with the departments Park Use Agreement? Applications will not be processed until your recreation coordinator or appropriate staff verifies compliance.

The organization is in current compliance _____ Staff Signature_____

The organization needs to submit the following documents:

**COBB COUNTY PARKS, RECREATION AND CULTURAL AFFAIRS DEPARTMENT
FACILITY/PARK IMPROVEMENT REQUEST**

Date Submitted _____ (Form must be submitted thirty days prior to proposed start date).

1. Facility/ Park _____ Area of Impact _____
2. Association/Group making request _____
3. Project Manager _____
Telephone _____ E-Mail _____
4. Description of proposed project: _____

5. Have detailed plans been drawn up? Yes No If yes, please attach copy.
6. Projected cost _____
8. Source of funds _____ Is the organization planning on applying for a matching grant for the project? _____
9. Start Date _____ Completion Date _____

As an AUTHORIZED REPRESENTATIVE of the above association/group, I have submitted the above application with the understanding that ALL WORK RELATED TO THE COMPLETION OF THIS PROJECT WILL BE THE RESPONSIBILITY OF THIS ASSOCIATION/GROUP AND THE ASSOCIATION/GROUP MAY ALSO BE RESPONSIBLE FOR THE MAINTENANCE OF SOME OR ALL EQUIPMENT THAT MAY BE A PART OF THIS PROJECT. It is further understood that upon completion of the facility/park development, it will become the sole property of the Cobb County Parks, Recreation and Cultural Affairs Department.

Organization President _____ Date _____

Volunteer Coordinator/Manager _____ (I concur/I disagree) with request

District Operations Manager _____ (I concur/I disagree) with request

Operations Division Director _____ (I concur/I disagree) with request

Staff Comments _____

COBB COUNTY FY2010 MATCHING GRANTS PROGRAM

PROJECT DESCRIPTION: Please provide a detailed description of the proposed project: On a separate sheet, please provide a diagram/drawing/photograph representative of the project and a site plan of the park indicating the location of the project. You may be required to provide a minimum of three (3) written estimates/bids from vendors/contractors or service providers.

Vendor #1 _____ Bid _____

Vendor #2 _____ Bid _____

Vendor #3 _____ Bid _____

Estimates attached? Yes No

PROJECT TIMELINE: Please provide a timeline for the start and completion of your project.

COBB COUNTY FY2010 MATCHING GRANTS PROGRAM

PROJECT BUDGET: Please provide a detailed cost estimate for your project including materials, labor, equipment/supplies and in-kind services. (*Contractors' estimates must be included.*) Also attach a copy of your organization's current budget, documenting **both** income **and** expenses.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

COBB COUNTY FY2010 MATCHING GRANTS PROGRAM

AGREEMENT AND STATEMENT OF COMPLIANCE

REGARDING _____
(Name of Organization)

I affirm that this organization is in compliance with all the terms & conditions relative to the department's park use agreement and handbook. I understand that if the organization is not in compliance with the terms & conditions relative to the execution of the park use agreement & handbook that the application will be rendered null & void until the organization becomes compliant.

I further affirm that the organization's board of directors has approved the project(s) listed in this application and that the organization has secured appropriate funding for the entire project. The organization understands that the matching grant program is a re-imbursement plan and no grant monies will be awarded until the organization submits original invoices along with legible copies of cancelled checks or other payments derived from the organizations treasury. Cobb County Parks, Recreation & Cultural Affairs Department reserves the right to deny payment of grant monies if the project is changed or altered without approval from the department.

I further agree, on behalf of this organization, that no other funds will be sought directly or indirectly from the county during the grant period, whether through this program or other county programs, except that the county may serve, at its discretion, as a conduit or sponsoring agency in the distribution of funds from sources other than the county.

Should the organization fail to complete the project listed in this application the grant will become null & void and future applications will not be considered without additional documentation required by the department.

SIGNED _____
(Administrator)

DATE _____

SIGNED _____
(Board Chairman)

DATE _____

(This statement should be signed by the administrator of your organization, **AND**, by the elected chair of your board of directors/trustees. If special circumstances dictate that it be signed by any other than the above, please submit an explanation with this document). Attach Association Board minutes authorizing application for a grant.

PROJECT _____ ASSOCIATION _____

VENDOR MASTER INFORMATION

VENDOR # _____

This information must be complete to receive payment for goods provided or service rendered to Cobb County Government.

Finance Department Only:

1099 IND: _____

FEDERAL ID TYPE _____

FEDERAL ID NUMBER _____

NAME CONTROL _____

Instructions: Type or print legibly in ink. The application must contain authorized signatures and all signatures **must be original and signed in ink**. Signature stamps are **not** acceptable. If you have any questions, please contact either Cobb County Purchasing at (770) 528-8400 or Cobb County Finance Department at (770) 528-1500.

SUBSTITUTE W-9

Place an "X" beside the type of recipient that best describes the business provided by you or your organization and enter the appropriate IRS identification below:

Type of Recipient

IRS Identification

Type of Recipient

IRS Identification

__ Individual

Individual's Social Security #

__ Public Entity (School Bd, Govt, etc.

Employer's Identification #

__ Sole Proprietorship

Owner's Social Security #

__ Partnership

Employer's Identification #

__ Corporation

Employer's Identification #

VENDOR ADDRESS (As reported to the IRS)	ALTERNATE ADDRESS (Remittance Address)
NAME: _____	NAME: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
ZIP: _____	ZIP: _____
PHONE: () _____ - _____ EXT: _____	CUST #: _____
SS # or TIN # _____	A/R CONTACT _____
	SS # or TIN # _____
	FAX #: () _____ - _____

Certification, under penalties of perjury, I certify that:

1. The information stated in this application is factual and true, and
2. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
3. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholding.

Certification instructions: You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. For real estate transaction, item 3 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, contributions to an individual retirement account (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

SIGNATURE →

DATE →

PURCHASING INFORMATION

B VENDOR ADDRESS (For Sealed Bid Information)	P VENDOR ADDRESS (For Purchase Orders)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
CITY: _____ STATE: _____	CITY: _____ STATE: _____
ZIP: _____	ZIP: _____
CONTACT: _____	FAX #: (_____) - _____

Type or write a complete description of goods and/or services provided by your company.
(Please run additional copies of this page if necessary.)

DESCRIPTION OF GOODS/SERVICES PROVIDED	FOR PURCHASE USE ONLY

Failure to respond to three (3) consecutive bid invitations in the same category will result in your company being removed from the active to the inactive status file on Purchasing's Master Vendor List. If "inactive status" is assigned to your application, no further invitations to bid will be mailed to you for a period of one (a) year. You should resubmit an application to again be placed on the active bid list. A return of **"NO BID"** response is acceptable and will indicate your desire to remain an active vendor.

Mail All Completed Applications to:

Cobb County Finance Department
100 Cherokee Street
Suite 410
Marietta GA 30090-9610

No written notification will be mailed to you upon receipt of your application. However, your application will be processed promptly. Allow five (5) business days for processing.

Revised 10/97